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Blueprint for Health
Mental Health & Substance Abuse
Advisory Committee

Meeting Summary
June 26, 2012

Participants:

Flood Nease, VAMHAR	Karen Lorentzen, VPS	Gloria van den Berg, Alyssum
Mark Ames, VT Recovery Network	Patrick Flood, DMH	Jaskanwar Batra, DMH
Peg Gregory, UCS	Bob Pierattini, FAHC	Bob Bick, HCHS
Jackie Corbally, ADAP	Gordon Frankle, RRMC	Betsy Fowler, NVRH
Rick Barnett, VT Psychological Association	David Fassler, CMH & SA Professionals	Peter Albert, Brattleboro Retreat
Nick Emlen, VCDMHS	Alice Silverman, VPA	Anne Donahue, Counterpoint, MH Legislative Oversight Committee
Rodger Kessler, FAHC / UVM	Sally Fox, MH Legislative Oversight Committee	Diane Tetrault, MH Counselors Association
Craig Jones, Blueprint /DVHA	Beth Tanzman, Blueprint/DVHA	

Discussion:

Beth Tanzman welcomed the group and explained the role of the committee to offer guidance to support continued integration of mental health and substance abuse treatment in primary care and to advise on the development of additional reforms to support access to mental health and addictions treatment services and supports.

Participants introduced themselves and shared brief statements about their role in mental health and addictions treatment supports and services and interest in the Blueprint.

Craig Jones offered an overview of the Blueprint for Health including patient centered medical homes and the use of quality standards, the community health teams, the targeted payment reforms, the health information technology infrastructure, and the evaluation and reporting systems. In addition he described how individual insurers – Medicaid and Medicare – make additional investments in the community health team framework to expand care to targeted populations. The Blueprint for Health is a voluntary program for providers. Legislation does require that Vermont's health insurers participate in the payment reforms for all qualifying

practices. As of the end of June, approximately 85 primary care practices participate in the Blueprint for Health serving 300,000 Vermonters.

Highlights from the general discussion follow.

Concern that the planning and implementation of the HIT improvements, care management systems, and development of QI measures called for in Act 79 (Mental Health System Reform) are not connected to the broader health care HIT work or to the reporting and analytic infrastructure developed for the Blueprint. The Blueprint central clinical registry can be expanded to include mental health and substance use conditions, the "all-payer claims data base" does include information about MH-SA utilization and expenditure patterns, and the Blueprint learning health system resources can be built on to include support for MH-SA treatment providers. The Blueprint has an open request for proposals for a "practice facilitator" specializing on mental health and addictions treatment.

How are alternative treatments that support holistic wellness included in the Blueprint? A first step to address this is underway this year; naturopathic providers that meet the quality standards will be included in the Blueprint payment reforms as primary care providers.

Some participants noted that primary care physicians do not refer patients to mental health and addictions treatment providers. In turn, it was noted MH/SA providers may not consistently coordinate and communicate with primary care providers.

Many participants commented that access to mental health and substance abuse treatment services was too limited. Follow-up discussion of the barriers to access included unreliable reimbursement for MH/SA treatment, high administrative burden for providers billing health insurances, high copayments charged to patients, payer limits on reimbursing for psychiatry and psychology, lack of systematic approaches to identify mental health and substance abuse treatment needs, low rates of compensation for services, limited or no reimbursement for coordination of care, and lack of qualified workforce to provide MH/SA services.

In summary participants offered that the current financing for mental health and substance abuse treatment services does not adequately meet client or provider needs. The access issues are primarily economically driven.

Does paying for mental health and substance abuse treatment providers through the Blueprint community health teams change the access problems? Participants noted that as currently staffed, the community health team clinicians can be overwhelmed by the number of referrals, especially if primary care providers do more systematic identification of mental health and addictions conditions.

The following additional materials were circulated by participants at the meeting:
"Integration and Parity: The Interconnection and the "Eye on the Prize". Anne Donahue
"Mental Health, substance abuse, and health behavior intervention as part of the patient-centered medical home: a case study. Rodger Kessler
"Bringing Recovery Supports to Scale – State Peer Award for Health Care Reform Education" VAMHAR